

Reflective Practice: Woodingford Lodge Long-Term Care Home

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Abstract

The COVID-19 pandemic has presented many concerns to society in general, and the population of Long-Term Care in specific. Here at Woodingford Lodge, a non-profit municipal long-term home, we devoted all efforts as has every other Long-Term Care home in Ontario to ensure the safety and security of our residents, staff and visitors. This paper is a reflective practice on the impact of COVID-19 at Woodingford Lodge long-term home (LTC) at the three levels; Individual (residents), Social (family and friends), and the broader Community. Located in the County of Oxford, WoodingFord Lodge works in close partnership with Southwestern Public Health and other stakeholders to ensure compassionate and resident-centered care is provided to residents throughout the COVID-19 pandemic.

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Introduction

The COVID-19 pandemic has presented many concerns to society in general, and the population of Long-Term Care in specific. Here at Woodingford Lodge, a non-profit municipal long-term home, we devoted all efforts as has every other Long-Term Care home in Ontario to ensure the safety and security of our residents, staff and visitors. This paper is a reflective practice on the impact of COVID-19 at Woodingford Lodge long-term home (LTC) at the three levels; Individual (residents), Social (family and friends), and the broader Community. Located in the County of Oxford, Woodingford Lodge works in close partnership with Southwestern Public Health and other stakeholders to ensure compassionate and resident-centered care is provided to residents throughout the COVID-19 pandemic.

Established in 1969, Woodingford Lodge was named after the three municipalities operating its facility – Woodstock, Ingersoll, and Oxford. Woodingford Lodge receives funding from its residents, the County of Oxford, and the Province of Ontario. While operating at 99% occupancy, Woodingford Lodge provides accommodation and care to 228 older adults with diverse physical, psychosocial, social, spiritual and cultural needs. To adequately respond to these needs and enhance the quality of life, Woodingford Lodge has implemented a healthy community strategy with a proactive approach to care. One example is forming a Residents Council. The Residents Council plays an integral role in communicating residents' voices with the staff and administrators.

In 2014, there were 6 million Canadians over the age of 65. They represented 15.6 percent of the total population (Statistics Canada, 2014). It is projected that the population of older adults

will grow to 10.4 million in 2037 (Canadian Institute for Health Information, 2017). With the aging population comes the need for long-term homes to address the multi-dimensional needs of older adults and their family members. The interdisciplinary team of staff at Woodingford Lodge provide medical and personal care, alongside nutritional, social, psychological, and recreational services. To ensure the safety and wellbeing of residents, all rooms have 24 hours direct access to a nurses' station through a "Nurse Call" system.

It is inevitable that COVID-19 has caused many psychosocial impacts on our residents, however, the courage, dedication and commitment demonstrated by the interdisciplinary team has demonstrated true leadership. Their steadfast devotion, accessibility and attention provided to the resident's needs has helped alleviate the strain and burden while lifting the spirits of residents. We take a pride to reveal that to date, we have had no single confirmed case of COVID-19 among our staff or residents. This has resulted in Woodingford Lodge becoming a model long-term care home in applying emergency management and best practices while addressing residents' needs.

By highlighting the impact of the COVID-19 pandemic on the Woodingford Lodge long-term home at three levels; individual, social and the broader community levels, this paper will further explore the activities of the Family Transition Program as a best practice model. The Family Transition Program is a two-year pilot project, geared towards enhancing the quality of life of residents at Woodingford Lodge long-term care home. The Woodingford Lodge's Family Transition Program is part of the Supporting the Promotion of Activated Research and Knowledge (SPARK) mentorship program, receiving support from the Mental Health Coalition of Canada.

Providing Caring Under COVID-19: Woodingford Lodge

It is inevitable that the COVID-19 pandemic has greatly affected residents of Woodingford Lodge, a non-profit long-term care home. For the first time in its history, residents were separated from their families; without any in-person visits as a result of the spread of the virus in Ontario. Residents have fundamental needs and desires to remain connected with their loved ones. These needs are clearly outlined in Maslow's hierarchy of needs for physiological necessities, safety, well-being, love and belonging.

Moving out of the comfort of one's home means the loss of independent living. The transition from independent living to communal living within a long-term care home can be stressful. Many older adults and their family members are worried about the

overall health and wellbeing of older adults during their final stages of life. Having a safe home and a strong network of support is therefore pivotal for older adults in order to adjust into their living environment. Unfortunately, the COVID-19 pandemic has interrupted the overall quality of life older adults. The five-stage hierarchy of needs model proposed by Maslow suggests that individuals' progress towards satisfying their higher levels of needs upon the satisfaction of their lower level needs (Maslow, 1943). These needs, as presented in **Figure 1**, are divided into three main elements; basic needs, psychological needs, and self-fulfillment needs. In working with older adults, it is crucial to ensure basic necessities of food and shelter are met with dignity and respect while advancing through their needs of safety and security.

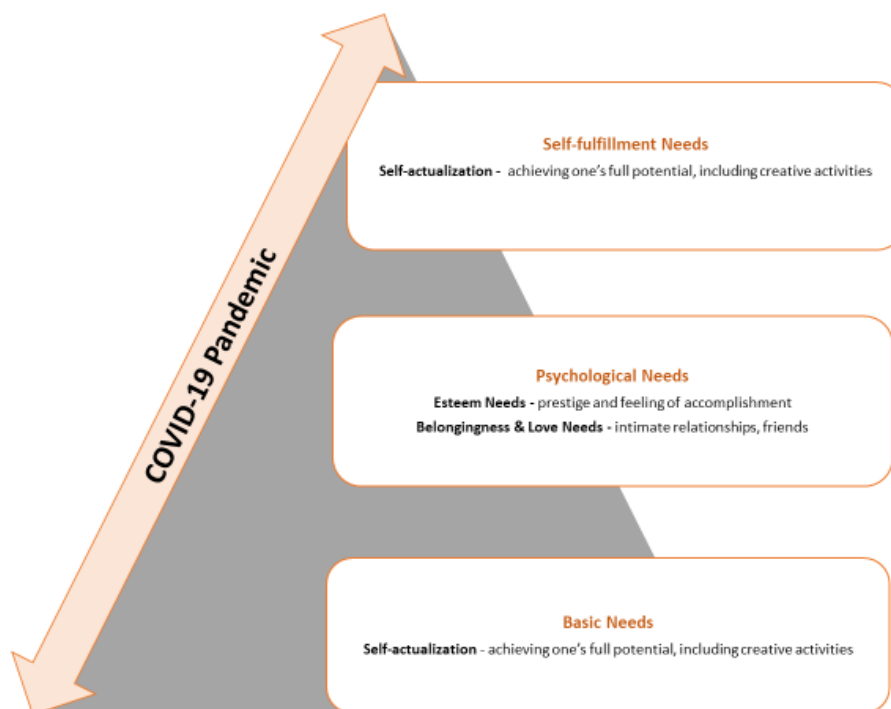


Figure 1: Hierarchy of Needs & COVID-19 Pandemic

Although staff at Woodingford Lodge work tirelessly to fulfill residents' diverse and multifaceted needs, the spread of

COVID-19 has resulted in unprecedented interruptions in regards to a sense of belonging, love, esteem, and self-

actualization. As presented in **Figure 2**, fulfilling these needs within long-term care home is fundamental.

Figure 2: Sphere of Support



The spread of COVID-19 has presented long-term care homes with new sets of challenges. For example, the implementation of the lockdown and social distancing regulations, although geared towards protecting residents from the threat of disease, contradicts the ideological and practical foundation of long-term care homes. However, the impact of COVID-19 is beyond its residents. As Figure 2 indicates, residents are connected to their families and communities. Over the past few months, families and the broader communities have been collectively impacted. As such,

Unfortunately, COVID-19 has jeopardized these needs to the fullest, as a result of social distancing regulations to mitigate the spread of the virus among residents and staff.

In addition to individual needs, the COVID-19 pandemic has either altered or denied legislations such as Residents' Bill of Rights, Rights of a Citizen, and Fundamental Supports. All long-term care homes are obligated to apply these legislative rights within their settings.

COVID-19 has resulted in a collective state of grief over the losses of personal connection with residents and staff.

It is important to mention that long-term care staff have been at the forefront of the fight against COVID-19. As such, we cannot forget how staff have been impacted by COVID-19 as a result of caring for residents, in addition to dealing with the uncertainty of this global virus, reduced places of employment, and added stress to ensure the safety and security of all is maintained. Collectively, staff, residents and by extension, families have committed their attention to detail. It is true that, *alone we can do so little, together we can do so much.*

Figure 3: Impact of COVID-19 at three levels; Individual (residents), Social (family and friends), and the broader Community.

INDIVIDUAL:

Rights of a citizen: Freedoms are removed; as residents can't go to stores, out to visit, have visits in, or leave the property.

Emotional: Significant mood changes including: anger, crying, frustration, depression, sadness, confusion and fear. Examples of increased fear: Increased fear of what's going to happen, what staff are doing outside of work and what are they going to bring in, what our building is being asked to do (house hospital patients), and fear of a sniffle and perhaps resulting in 14 days isolation.

Physical: Several residents have increased sleep, signs of increased physical deconditioning, and apathy. Example of deconditioning: New admissions struggle with isolation, with lessened supports after 2 weeks. Now wheelchair dependent for locomotion, which was not how the resident arrived.

Spiritual: Fellow residents have no usual rituals of grieving with no celebration of life, or honor guard. Harder to communicate with staff and family wearing a mask: cannot read their lips, or hear as well if muffled by mask.

SOCIAL: FAMILY AND FRIENDS

Physical comfort restrictions: No hugs from family, visits from young children, ability to receive baked goods or enjoy a current newspaper as they are held for 3 days before being received.

Loss of friendships/relationships: A younger resident had a significant-other sever the relationship due to lack of ability to see one another in person.

Lack of privacy: Staff must monitor and assist with restricted outdoor visits and electronic communication.

In home changes: Recreation program group sizes have decreased, there is no social café afternoons or mixed home area programs, and more focus on family connection visits than small groups. There is also physical distancing in the dining rooms.

COMMUNITY AND RESOURCES:

Several resources have been cut off from our residents: Prolonged discomfort of the resident without the ability to obtain a repair to a wheelchair. Another example includes being unable to get the in-house optometrist to come for eyeglass prescription so there is an increased financial burden to go out and get glasses elsewhere.

Family Transition Program

A decision to move into a long-term home is not an easy one. It entails losing a sense of independence, as well as a regular way of connecting to a network of family and friends, and their social environment. Long-term care homes are defined as; “any residences for older adults who need assistance with daily activities and require skilled nursing care on a daily basis.” (Canadian Coalition for Seniors’ Mental Health, 2009, p. 5). In Canada, all provinces and territories are responsible for long-term care homes (*ibid*), and as such, service provisions offered in each home may differ depending on the allocation of funding as well as the physiological and psycho-social needs of residents. In total, there are 29 long-term homes across the Oxford three Counties with a 2,138-occupancy rate (South West Community Care Access Center, 2013). On average, there are over 300 individuals on a waitlist with 134 days of admission waitlist (South West Community Care Access Centre, 2013; South West LHIN, 2009).

There are over 110,000 people living in Oxford County, representing 0.8% of the total population of Ontario (Smale & Gao, 2018). In comparison, the population of Oxford County is generally older than the rest of the province, with a lower percentage of residents in the 20 to 54 years of age category (*ibid*). This age gap will increase the need for the expansion of long-term homes in addition to creative service delivery in order to address the multifaceted physical, emotional and psychosocial needs of older adults. It is projected that Oxford County’s aging populations with those 65 years of age or older to comprise 15% to 21% by 2022 (South West LHIN, 2009). This will impact service provisions requiring flexibility and adaptability, as well as significant increase in service delivery to support the ever-growing diverse needs of residents.

Residents of Oxford County have a strong sense of belonging and connection to their communities (Smale & Gao, 2018). A strong sense of belonging represents a positive coping mechanism and resilience required to maintain a good mental health, particularly during public health emergencies such as the COVID-19 pandemic. In addition, nearly 78% of Oxford County residents reported offering support and care for older adults in their neighbourhoods (Smale & Gao, 2018). This strong sense of community allows older adults to maintain their independency for long periods of time, while paradoxically revealing the challenges of transitioning into long-term home.

To forge a less stressful transition into long-term care, Woodingford Lodge has developed a unique best practices transition program geared to support both the future resident and their family. The Family Transition Program is a two-year pilot project as a part of Supporting the Promotion of Activated Research and Knowledge (SPARK) mentorship program that has received support from the Mental Health Coalition of Canada. The ultimate goal of the program is to enhance the quality of life of the residents at Woodingford Lodge long-term care home. The program is free of charge, allowing individuals over the age of 18 who are on a waitlist for permanent placement into long-term care to adjust to the long-term care experience prior to their first day of admission into a residence. The program maintains a thorough follow up process to ensure an appropriate transition and placement of individuals into a long-term care home in and outside of Woodingford Lodge, based on the selection and availability of the chosen facility.

While the program reduces stress, depression and responsive behaviours often associated with transitioning into a new environment and adjusting to living in a long-term care facility, it further provides case

management to enhance individuals access to care. This includes referrals to networks of community partners and healthcare providers to ensure sustainable and coordinated care among multi-disciplinary providers. The key program features include:

- A resident and family focused approach to care
- Completion of supportive community screening
- Ensuring required services and community supports are in place prior to admission
- Review of life and medical history, and previous community agency involvement and access needed to continue services
- Provide support to families of soon-to-be residents to protect the well-being of the entire family

Family Transition Program: An Outcome Analysis

Given the new face of Oxford County with a lower rate of adults between 20 to 54 years to care for the ever-growing aging populations (65 years and older), the need for alternative and creative programming within long-term homes is critical. Overall, the Family Transition Program has proven to decrease unnecessary transfers of participants to hospitals due to symptoms of dementia or mental health concerns. It has further decreased unnecessary costs to the health care program, for instance, by reducing phone calls to after hour health practitioners for treatment options. Additionally, the program has further proven the decrease family caregiver burnout and strain. Studies suggest that in Ontario alone, over 250,000 people will have dementia, a 70% increase since 2011 (South West LHIN, 2011; Southlake Regional Health Centre, 2014). Dementia is reported as the leading cause of admission to long-term care homes, with nearly 40% of Ontario long-term homes

reporting cases of residents exhibiting aggressive behaviours (*ibid*).

Studies show a direct relation between stress and burnout among family members as they adapt to the changing needs, as well as growing dependency on them from their aging parents (Almberg, Grafström, Krichbaum, & Winblad, 2000; Choi, & Sok, 2012; Lindgren, Pass, & Sime, 1990). Within Ontario's long-term homes, 90% of residents have shown to experience some form of cognitive impairment (1 in 3 or 64% are severely impaired) with an additional 40% dealing with the challenges associated with mood disorders, such as; anxiety, depression, bipolar disorder, or schizophrenia (Ontario Long Term Care Association, 2018). Since its inception, the Family Transition Program has improved the participation of caregivers while increasing their existing support system. This is achieved by increasing the multi-leveled and systematic health professional collaboration to improve care in a cost-effective manner.

Moving Forward and Recommendations:

Although staff at Woodingford Lodge work tirelessly to fulfill residents' diverse and multifaceted needs, the spread of COVID-19 has resulted in unprecedented consequences preventing older adults from having close contact and physical connection with their loved ones. These basic needs are necessary to fulfill a sense of belonging, love, esteem, and self-actualization. Despite this, we continue to provide care to our residents with compassion and respect while embracing new and creative approaches to service delivery. One such activity is the Family Transition Program; a two year pilot project geared to support both future residents and their family members. With the spread of COVID-19, family members, like their older parents, feel the burden of stresses caused by the prolonged illness. It is inevitable that the COVID-19 pandemic will

continue to impact the quality of life, as well as the mental health and wellbeing of older adults and their family members. It is therefore pivotal to support and sustain services such as Family Transition Program on an on-going basis. I further recommend to use the Family Transition Program as the best practices model and apply its principles to other municipalities across the province of Ontario, in order to respond the diverse needs of the aging population.

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Health Nurse and Director of Long Term
Care for Oxford County has worked in Long

Term Care for over 25 years, assisting
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to enhance this remains his vision.

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